

LETTERS TO THE EDITOR

Hand Surgical Assistance: Light and Suction

To the Editor:

Plastic surgery, especially esthetic, requires much precision.¹ Therefore, it is essential to look for ideal conditions in this surgical field. In addition, if we add the fact that surgical accesses are generally small and within holes, being as invisible as possible, the vision of the surgeon is obstructed habitually.^{2,3} To avoid this, the different manufacturers of surgical instruments have conceived novel tools that allow the separation of weaves and even the illumination and suction of the smoke in the interior of the operating cavity.⁴ However, these instruments are not free of certain problems. The main one is that their cost does not make them accessible to every surgeon, especially in Latin America. Another problem is the weight of the instrument, which is not insignificant, particularly after some minutes of separation when the surgeon's position is uncomfortable and exhausting. In the same way, the surgeon in charge of this apparatus loses use of one of his hands immediately (Figs. 1–3).

Trying to solve some of these problems, we communicate a system performed by us and used during last 6 months, approximately. The surgeon in charge of the separation is placed over the upper surface of the middle finger or index of the left hand habitually, a cold optical light device (the same one of laparoscopic procedures) and to its side over the same finger, the habitual suction pump is placed. Both elements are fixed with a piece of glove of one or half superior number at the level of the named finger and at the level of the wrist of the same hand to avoid trouble with the hoses. This idea allows an economic way to obtain illumination and suction of the field. But, even more important, it maintains the usefulness of the hand that holds the assembled system.

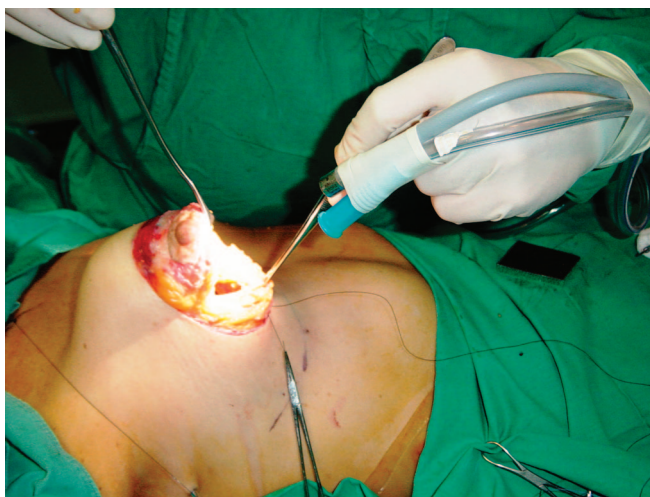


FIGURE 1. Schematic use of hand surgical assistance in a mammary fold.



FIGURE 2. Schematic use of hand surgical assistance in a mammary fold.



FIGURE 3. Schematic use of hand surgical assistance in a mammary fold.

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Use of Innovative Hand Vise Grip in Craniofacial Surgeries

To the Editor:

In many craniofacial surgeries, correction of conditions like craniosynostosis, fibrous dysplasia, skull defects, facial deformities, etc requires either use of calvarial bone grafts or modification of existing bones to reshape the craniofacial skeleton. Such a bone needs to be held firmly so that a contouring burr can be used as desired. Bone can be either held in the hand (which is dangerous as it may result in injury to the hand) or in a bench vise grip, which is fixed to the operating bench. The fixed device is quite expensive and has limited mobility in the operating field. We have been using a modified portable stainless steel hand vise grip, which is helpful in holding the bone piece firmly and contouring it as required (Fig. 1).

The main body of the instrument is made up of 2 limbs, fixed at one end with a transverse hinge joint. The other free end of each limb is broader and flat and is called the jaw. The inside surface of the jaw is made serrated for a better grip. The 2 jaws can be approximated and tightened with the help of a nut and bolt passed through the limbs. When the nut is loosened, the jaws open up themselves due to spring action of the metallic strip between the limbs.

This instrument is easily available at hardware stores and is used by carpenters and ironsmiths for manipulation of small pieces of wood/metal. The instrument available at most of the hardware stores is made of cast iron; this would need to be chrome plated, which can be easily done on request by the store. However, we have been able to get the device made of stainless steel. The cost of this instrument is approxi-

mately 10 dollars for the stainless steel variety and about 5 dollars for the chrome-plated cast iron variety. The quality of the instrument can be further improved by making the surface nonreflecting. We are using this instrument regularly in craniofacial surgeries and found it to be very helpful in holding the bone for contouring. The instrument is quite useful for holding a small to moderately large piece of bone (Fig. 1A, B). The device is very handy and can be easily carried to any part of the operative field.

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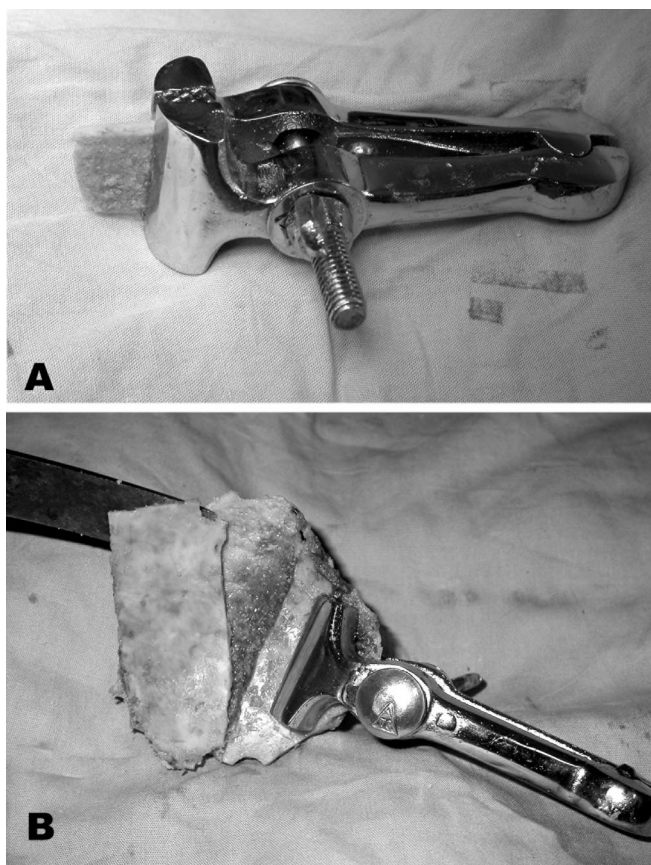


FIGURE 1. The various parts of the vise grip. A, Holding a small piece of bone. B, Holding a larger bone piece that has been split into 2.

Chondrodermatitis Nodularis Helicis: A Simple Adjunct to a Nonsurgical Approach

'Oh sleep! It is a gentle thing,
Beloved from pole to pole.'

Samuel Taylor Coleridge, English critic and poet (1772–1834).

To the Editor:

Chondrodermatitis nodularis helicis (CNH) is a painful condition of the outer ear characterized by a focal tenderness associated with nodular change usually occurring on the superior portion of the helix of the ear (see Fig. 1). The exact cause of CNH is unknown, but it is thought to be due to the combination of a number of factors, all of which are the direct consequence of specific peculiarities of the anatomy of the ear. These include little subcutaneous tissue to provide cushioning, sharp cartilaginous contours, and a relatively poor blood supply. There is susceptibility of the underlying sharp cartilaginous contours to ischemia from prolonged periods of pressure as occurs

during sleep. This propensity to ischemia results in inflammation and fibrosis of the underlying perichondrium, and degenerative changes may occur within the cartilage.¹ Clinically, CNH presents as a globular nodule between 0.5–2 cm in size with overlying hyperemic skin. The patient characteristically describes pain and tenderness associated with the lesion, and this can impact directly on one's sleeping pattern, and this is often the reason for presentation to a clinician. CNH will occur on the ear on the patient's "favorite" sleeping side, causing pain and preventing a good night's sleep.

Many methods of treatment have been described; however, excision with a narrow margin is recommended as standard treatment.^{2,3} Conservative options for treatment include intralesional steroid therapy, cryotherapy, and ablation with lasers.^{4,5} Results, however, vary and recurrence is high.

Providing pressure relief relieves symptoms in primary disease and prevents recurrence in treated areas. Centers with a specialist interest offer customized cushioning devices, which are created from a mold of a patient's ear.⁶ In those areas without specialist facilities

to create customized cushioning devices, we suggest a simple and cheap alternative.

In those patients with small areas of CNH that is being treated conservatively, we provide pressure relief by means of 1 or 2 corn pads (Scholl) stacked on each other, with the central hole being placed directly over the affected area (see Fig. 2). This method alleviates the pressure on the area, therefore alleviating symptoms and removing a causative factor, resulting in better response to treatment. This method provides a cheap, simple, and readily available treatment and adjunct option that has been successful and well tolerated by patients.

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FIGURE 1. An ear affected with CDNH.



FIGURE 2. Two corn pads (Scholl) stacked on each other, the central hole placed directly over the affected area.

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